

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mmmmmm		10-16-01
O.I.P.E. CLASSIFIER			10-25-01
FORMALITY REVIEW	CH	1119	11-18-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 2/1/02
2	✓ 4/24/03
3	✓ 5/1/03
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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